

Batch 34

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

TAD047055140

WCI LAUNDRY DIVISION

POPE, PAUL MFG ENG

601 E CENTRAL AVE

JEFFERSON IA 50129



U.S. ENVIRONMENTAL PROTECTION AGENCY

1987 Hazardous Waste Generation and Management Report

IDENTIFICATION AND CERTIFICATION

FORM

IC



R00080870

RCRA Records Center

WHO MUST COMPLETE THIS FORM?

Form IC must be completed by every site that

INSTRUCTIONS:

Please read the detailed instructions beginning and Management Report instructions booklet

Complete Sections I through IV and Section certification, after you have finished the full report package.

SEC. I. Site name and physical location which may differ from the mailing address. Complete items A through G.
Mark ☒ for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

A. Site/company name

Same as label ☒

or →

B. EPA ID No.

Same as label ☒

or →

C. Address number and street name of physical location - If not known, enter industrial park, building name or other physical location description

Same as label ☒

or →

D. City, town, village, etc.

Same as label ☒

or →

E. County

F. State

Same as label ☒

or →

G. Zip Code

Same as label ☒

or →

SEC. II. Mailing address of site.
Mark ☒ for A, B, C, and D if same as label; if different, enter corrections.

A. Number and street name of mailing address

Same as label ☒

or →

B. City, town, village, etc.

Same as label ☒

or →

C. State

Same as label ☒

or →

D. Zip Code

Same as label ☒

or →

SEC. III. Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

POPE

PAUL

S.

ENV. + SAFETY MGR.

515 386-2126

Extension

0

SEC. IV. Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Generation, Shipment and Management Report Codebook.

A.

3633

B.

N/A

C.

N/A

D.

N/A

E.

N/A

F.

N/A

SEC. V. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last name

First name

M.I.

Title

POPE

PAUL

S.

ENV. + SAFETY MGR.

B. Signature

Paul Pope

RECEIVED

Date of signature

05

06

88

Mo.

Day

Yr.

MAY 9 1988

Page 1 of 13

SEC.
VI.

Does this site's EPA ID authorize hazardous waste generation?

- ☐ NO — SKIP TO SECTION VII.
- ☒ YES — Did this site generate any hazardous waste during 1987?
- ☒ YES — READ DETAILED INSTRUCTION ON PAGE 4 OF THE 1987 HAZARDOUS WASTE GENERATION AND MANAGEMENT REPORT INSTRUCTIONS BOOKLET FOR ACUTE AND ACCUMULATION LIMITS. MARK ☒ NEXT TO THE HAZARDOUS WASTE GENERATION QUANTITY CATEGORY THAT APPLIED TO THIS SITE DURING 1987.
- ☒ Category 1: More than 1000 kg (2,200 lb) in one or more months
- ☐ Category 2: More than 100 kg (220 lb) but no more than 1000 kg (2,200 lb) in any single month
- ☐ Category 3: No more than 100 kg (220 lb) in any single month
- ☐ Mark ☒ if this site changed from Category 1 to Category 2 or 3 due to waste minimization activity conducted during 1986 or 1987.
- ☐ NO — CONTINUE BELOW, MARK ☒ NEXT TO ALL THAT APPLY.
- ☐ Generated, excluded or delisted wastes
- ☐ Generated hazardous waste prior to 1987 but do not expect to generate in the future - MARK ☒ FOR REASON IN ONE BOX BELOW
- ☐ Waste was from one-time event(s) (e.g. spills, remedial actions, etc.)
- ☐ Waste minimization activity undertaken during 1986 or 1987
- ☐ Out of business
- ☐ Generated hazardous waste prior to 1987 and expect to generate in the future
- ☐ Never generated before but expect to generate in the future
- ☐ Never generated and do not expect to generate in the future - MARK ☒ FOR REASON IN ONE BOX BELOW
- ☐ Protective notifier only
- ☐ Misunderstood the requirements
- ☐ Notified to secure transportation services
- ☐ Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS

SEC.
VII.

Does this site have RCRA Interim Status or a RCRA permit to treat, store, or dispose hazardous waste?

- ☒ NO — SKIP TO SECTION VIII
- ☐ YES — Did the site treat, store, or dispose (T/S/D) hazardous waste in RCRA-regulated units during 1987?
- ☐ YES — SKIP TO SECTION VIII
- ☐ NO — CONTINUE BELOW, MARK ☒ NEXT TO ALL THAT APPLY
- ☐ T/S/D excluded waste during 1987
- ☐ T/S/D hazardous waste in exempt units during 1987
- ☐ T/S/D hazardous waste prior to 1987 but did not T/S/D waste during 1987. MARK ☒ IN ONE BOX BELOW
- ☐ T/S/D will resume in the future
- ☐ Have notified of planned closure
- ☐ Site is in closure or post closure
- ☐ Never T/S/D hazardous waste prior to 1987 but: MARK ☒ IN ONE BOX BELOW
- ☐ Expect to T/S/D hazardous waste in the future
- ☐ Do not expect to T/S/D hazardous waste in the future - EXPLAIN REASON FOR INTERIM STATUS OR PERMIT IN COMMENTS

SEC.
VIII.

Do you wish to withdraw this site's generator notification or EPA Part A permit application?

- Withdraw generator notification ☐ Yes ☒ No
- Withdraw Part A permit application ☐ Yes ☒ No

SEC.
IX.

Does this site have an area not requiring a RCRA Part A or Part B permit that is used exclusively for the short term accumulation of hazardous waste?

- ☐ NO
- ☒ YES — DOES THE AREA HAVE:
- Containers ☐ No ☒ Yes
- Tanks ☒ No ☐ Yes
- ENTER THE NUMBER OF TANKS AND THEIR TOTAL CAPACITY IN GALLONS.
- ☐ Yes — Number Gallon capacity

Comments:

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IA 50129

U.S. ENVIRONMENTAL
PROTECTION AGENCY1987 Hazardous Waste Generation
and Management ReportFORM
GMWASTE GENERATION AND
MANAGEMENT

WHO MUST COMPLETE THIS FORM?

Form GM must be completed by every site that generated hazardous waste on site or shipped hazardous waste off site during 1987.

☐
Mark ☒ if you are not required to complete Form GM.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 12 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste generated on site or shipped off site during 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12 <i>Ignitable spent solvent used in cleaning parts: Oil & Mineral Spirits</i>		
B. EPA hazardous waste code Page 12 <i>NA NA NA D001</i>		C. State hazardous waste code Page 13 <i>NA NA NA</i>	
D. SIC code Page 13 <i>3633</i>	E. Source code Page 13 <i>110</i>	F. Waste form code Page 13 <i>H82</i>	G. Waste minimization results Page 13 <i>A</i>

Sec. II	A. Organics Instruction Page 14 High <i>DK</i> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <i>D</i>	B. Water Page 15 High <i>P</i> Low <input type="checkbox"/> Note <input type="checkbox"/>	C. Total Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>D</i>	D. Suspended Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>D</i>	E. BTU Page 16 High <input type="checkbox"/> Low <input type="checkbox"/> UOM <input type="checkbox"/> Note <i>D</i>	F. Toxic Metals Page 16 Note <i>C</i> Metal High Low Test 1. <i>CU</i> <i>U</i> <input type="checkbox"/> <input type="checkbox"/> 2. <i>B.A</i> <i>U</i> <input type="checkbox"/> <input type="checkbox"/> 3. <i>P.B</i> <i>U</i> <input type="checkbox"/> <input type="checkbox"/> 4. <i>NI</i> <i>V</i> <input type="checkbox"/> <input type="checkbox"/> 5. <i>AS</i> <i>V</i> <input type="checkbox"/> <input type="checkbox"/> 6. <i>CD</i> <i>V</i> <input type="checkbox"/> <input type="checkbox"/>
G. pH Page 18 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>D</i>	H. Flashpoint Page 18 High <i>110.3</i> °F Low <input type="checkbox"/> °F Note <input type="checkbox"/>	I. Cyanides Page 19 High <i>NA</i> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <i>A</i>	J. Halogens Page 20 High <i>NA</i> Low <input type="checkbox"/> Note <i>NI</i>	K. Radioactive Page 20 <i>NA</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note <input type="checkbox"/>		

Sec. III	A. 1986 quantity generated Instruction Page 20 <i>6600</i>	B. 1987 quantity generated Page 20 <i>7040</i>	C. UOM Page 21 <i>P</i>	D. Density Page 21 <i>NA</i> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	E. Waste origin Page 21 Code <i>A</i> On-site <i>H01</i> T/S/D/R code
F. On-site T/S/D/R code Page 21 <i>NA</i> 1. <i>H01</i> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/>					

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 <i>W1D990829475</i>	B. Number of shipments Page 22 <i>004</i>	C. Transport mode Page 23 <i>H</i>	D. Off-site T/S/D/R code Page 23 <i>M50 NA</i>	E. Total Quantity shipped Page 23 <i>7040</i>
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Comments:

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PROTECTION AGENCY

1987 Hazardous Waste Generation
and Management Report

FORM
GM

WASTE GENERATION AND
MANAGEMENT

WHO MUST COMPLETE THIS FORM?

Form GM must be completed by every site that generated hazardous waste on site or shipped hazardous waste off site during 1987.

☐

Mark ☒ if you are not required to complete Form GM.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 12 of the 1987 Hazardous Waste Generation and Management Report instructions booklet before completing this form.
Make and complete a photocopy of this form for each hazardous waste generated on site or shipped off site during 1987.
Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12			
	Spent Solvent used for cleaning parts - III Trichloroethane			
B. EPA hazardous waste code Page 12	C. State hazardous waste code Page 13			
	NA NA NA F002 NA NA NA			
D. SIC code Page 13	E. Source code Page 13	F. Waste form code Page 13	G. Waste minimization results Page 13	
3633	10	H61	B	

Sec. II	A. Organics Instruction Page 14	B. Water Page 15	C. Total Solids Page 15	D. Suspended Solids Page 15	E. BTU Page 16	F. Toxic Metals Page 16
	High DK Low <input type="checkbox"/> Test <input type="checkbox"/> Note <input type="checkbox"/>	High <input type="checkbox"/> Low <input type="checkbox"/> Note D	High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Note <input type="checkbox"/>	High <input type="checkbox"/> Low <input type="checkbox"/> Note D	High <input type="checkbox"/> Low <input type="checkbox"/> UOM <input type="checkbox"/> Note D	1. BA High U Low <input type="checkbox"/> 2. CU V <input type="checkbox"/> 3. SE W <input type="checkbox"/> 4. PB W <input type="checkbox"/> 5. AG W <input type="checkbox"/> 6. AS X <input type="checkbox"/>
G. pH Page 18	H. Flashpoint Page 18	I. Cyanides Page 19	J. Halogens Page 20	K. Radioactive Page 20		
High 06.5 Low <input type="checkbox"/> Note <input type="checkbox"/>	High >200 °F Low <input type="checkbox"/> Note <input type="checkbox"/>	High NA Low <input type="checkbox"/> Test <input type="checkbox"/> Note A	High NA Low <input type="checkbox"/> Note D	Yes <input type="checkbox"/> NA No <input checked="" type="checkbox"/> Note <input type="checkbox"/>		

Sec. III	A. 1986 quantity generated Instruction Page 20	B. 1987 quantity generated Page 20	C. UOM Page 21	D. Density Page 21	E. Waste origin Page 21
	23760	37840	P	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	Code A On-site H01 T/S/D/R code
F. On-site T/S/D/R code Page 21					
1. H01 NA 2. 3. 4. 5. 6. 7. 8.					

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22	B. Number of shipments Page 22	C. Transport mode Page 23	D. Off-site T/S/D/R code Page 23	E. Total Quantity shipped Page 23
	WID990829475	008	H	M50 M20	37840

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1987 Hazardous Waste Generation
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FORM
WR

WASTE RECEIVED FROM OFF SITE

WHO MUST COMPLETE THIS FORM?

Form WR must be completed by every site that received hazardous waste from an off-site source during 1987.



Mark ☒ if you are not required to complete Form WR.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 24 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Photocopy and complete additional copies of this form if your site received more than two hazardous wastes from off site during 1987.

For each waste, complete boxes A through J. Throughout this form enter "DK" if the information requested is not known or not available; enter "NA" if the information is not applicable.

Waste 1	A. Description of hazardous waste Instruction Page 24		B. EPA hazardous waste code Page 24		C. State hazardous waste code Page 25	
D. Off-site source EPA ID No. Page 25		E. 1987 Quantity received Page 25		F. UOM Page 25	G. Density Page 25	
H. Waste form code Page 25	I. Number of shipments Page 25	J. On-site T/S/D/R code Page 26				
		1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> <input type="text"/>				
		5 <input type="text"/> <input type="text"/> <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> 7 <input type="text"/> <input type="text"/> <input type="text"/> 8 <input type="text"/> <input type="text"/> <input type="text"/>				

Waste 2	A. Description of hazardous waste Instruction Page 24		B. EPA hazardous waste code Page 24		C. State hazardous waste code Page 25	
D. Off-site source EPA ID No. Page 25		E. 1987 Quantity received Page 25		F. UOM Page 25	G. Density Page 25	
Same as above <input type="checkbox"/> Mark <input checked="" type="checkbox"/> if same as in Waste 1 or ->						
H. Waste form code Page 25	I. Number of shipments Page 25	J. On-site T/S/D/R code Page 26				
		1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> <input type="text"/>				
		5 <input type="text"/> <input type="text"/> <input type="text"/> 6 <input type="text"/> <input type="text"/> <input type="text"/> 7 <input type="text"/> <input type="text"/> <input type="text"/> 8 <input type="text"/> <input type="text"/> <input type="text"/>				

Comments:

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OFF-SITE IDENTIFICATION

FORM

OI

WHO MUST COMPLETE THIS FORM?

Form OI must be completed by every site that shipped hazardous waste off site and every site that received hazardous waste from off site during 1987.

Mark ☒ if you are not required to complete Form OI.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 27 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Complete A through E for each off-site installation to which you shipped waste or from which you received waste during 1987.

Complete A through D for every transporter you used during the reporting year.

Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Make and complete additional copies of this form if you need to identify more than four off-site installations or transporters.

Site 1	A. EPA ID No. of off-site installation or transporter Instruction page 27 WID9191082914715	B. Name of off-site installation or transporter Page 27 WASTE RESEARCH & RECLAMATION
C. Site type code Page 28 F	D. Site relationship code Page 28 D	E. Address of off-site installation Page 28 Street RR 7 City EAU CLAIRE State WI Zip Code 54701-1111
Site 2	A. EPA ID No. of off-site installation or transporter Instruction page 27 IAD918117119191019	B. Name of off-site installation or transporter Page 27 BARTON SOLVENTS
C. Site type code Page 28 I	D. Site relationship code Page 28 D	E. Address of off-site installation Page 28 Street NA City State Zip Code
Site 3	A. EPA ID No. of off-site installation or transporter Instruction page 27 114D1010967211211	B. Name of off-site installation or transporter Page 27 SCA CHEMICAL SERVICES INC.
C. Site type code Page 28 F	D. Site relationship code Page 28 D	E. Address of off-site installation Page 28 Street 11700 S. STONY ISLAND AVE. City CHICAGO State IL Zip Code 60617-1111
Site 4	A. EPA ID No. of off-site installation or transporter Instruction page 27 I14D1016915101411610	B. Name of off-site installation or transporter Page 27 MR. FRANK INC.
C. Site type code Page 28 I	D. Site relationship code Page 28 D	E. Address of off-site installation Page 28 Street NA City State Zip Code

Comments:

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1987 Hazardous Waste Generation
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OFF-SITE IDENTIFICATION

FORM
OI

WHO MUST COMPLETE THIS FORM?

Form OI must be completed by every site that shipped hazardous waste off site and every site that received hazardous waste from off site during 1987.

Mark ☒ if you are not required to complete Form OI.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 27 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Complete A through E for each off-site installation to which you shipped waste or from which you received waste during 1987.

Complete A through D for every transporter you used during the reporting year.

Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Make and complete additional copies of this form if you need to identify more than four off-site installations or transporters.

Site 1	A. EPA ID No. of off-site installation or transporter Instruction page 27	B. Name of off-site installation or transporter Page 27
	IAD0000806604	CHEMICAL WASTE MANAGEMENT, INC
C. Site type code Page 28	D. Site relationship code Page 28	E. Address of off-site installation Page 28
	T	D
Site 2	A. EPA ID No. of off-site installation or transporter Instruction page 27	B. Name of off-site installation or transporter Page 27
C. Site type code Page 28	D. Site relationship code Page 28	E. Address of off-site installation Page 28
Site 3	A. EPA ID No. of off-site installation or transporter Instruction page 27	B. Name of off-site installation or transporter Page 27
C. Site type code Page 28	D. Site relationship code Page 28	E. Address of off-site installation Page 28
Site 4	A. EPA ID No. of off-site installation or transporter Instruction page 27	B. Name of off-site installation or transporter Page 27
C. Site type code Page 28	D. Site relationship code Page 28	E. Address of off-site installation Page 28

Comments:

IAD047055140

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WCI LAUNDRY DIVISION

POPE, PAUL MFG ENG

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IA 50129


**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

 1987 Hazardous Waste Generation
and Management Report

**FORM
WM**
WASTE MINIMIZATION
PART I
WHO MUST COMPLETE THIS FORM?

Form WM Part I, describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annual/Biennial Report. This requirement was established in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).

NOTE: Generators shipping hazardous waste off site are required to certify, on Item 16 of the Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must also be made by generators who have obtained a RCRA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.

INSTRUCTIONS:

Please read the detailed instructions on page 29 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

1. Did this site create or expand a source reduction and recycling program?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Create	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Expand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?

	1987	1986	Prior Years
Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.

	1987	1986	Prior Years
Capital expenditures	\$ <u>15,000</u>	\$ <u>5,000</u>	\$ <u>DK</u>
Operating costs	\$ <u>12,000</u>	\$ <u>3,000</u>	\$ <u>DK</u>

4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incentives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Did this site conduct a source reduction and/or recycling opportunity assessment or audit? Note: an opportunity assessment or audit is a procedure that identifies practices that can be implemented to reduce the generation of hazardous waste or the quantity which must subsequently be treated, stored or disposed.

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Site-Wide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Process-Specific	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Did this site identify or implement new SOURCE REDUCTION opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Implement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. What factors have delayed or prevented implementation of SOURCE REDUCTION opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☒ b. Lack of technical information on source reduction techniques, applicable to my specific production processes.
- ☐ c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of source reduction.
- ☐ e. Technical limitations of the production processes.
- ☐ f. Permitting burdens.
- ☐ g. Other (SPECIFY) _____

8. Did this site identify or implement new RECYCLING opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site or subsequently treated, stored, or disposed of on site or off site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Implement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EPA ID NO. LA0470551409. What factors have delayed or prevented implementation of on-site or off-site RECYCLING opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☒ b. Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☒ c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of recycling.
- ☐ e. Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ f. Financial liability provisions inhibit shipments off site for recycling.
- ☐ g. Technical limitations of product processes inhibit shipments off site for recycling.
- ☐ h. Technical limitations of production processes inhibit on-site recycling.
- ☐ i. Permitting burdens inhibit recycling.
- ☐ j. Lack of permitted off-site recycling facilities.
- ☐ k. Unable to identify a market for recyclable materials.
- ☐ l. Other (SPECIFY) _____

10. Has this site requested or received technical information or financial assistance on source reduction and/or recycling practices from any of the following sources? MARK ☒ NEXT TO ALL THAT APPLY.

	1987		1986		Prior Years	
	Technical	Financial	Technical	Financial	Technical	Financial
a. Local government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. State government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK	<input type="checkbox"/>
c. Federal government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trade associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Educational institutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Suppliers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other parts of your firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other firms/consultants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No request made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (conferences, literature, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME WCI LAUNDRY DIV.

JEFFERSON, IA SD129

EPA ID NO. IA D10471055140



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1987 Hazardous Waste Generation
and Management Report

FORM
WM

WASTE MINIMIZATION

PART II

WHO MUST COMPLETE THIS FORM?

Form WM Part II must be completed only by generators that engaged in an activity during 1987 that resulted in waste minimization.

Waste minimization means:

- (1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,
- (2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.

☐

Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 30 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste minimized in 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. EPA hazardous waste code Instruction Page 31 <u>1001</u> <u>NA</u> <u>NA</u> <u>NA</u>	B. State hazardous waste code Page 31 <u>NA</u> <u>NA</u>	C. Product or service description Page 31 <u>Wash Machine Transmission</u> <u>Gears</u> <u>(Internal Transmission)</u>	D. Product or service SIC code Page 31 <u>3633</u>
E. Waste form code Page 31 <u>H82</u>	F. UOM Page 32 <u>P</u>	G. Density Page 32 <u>NA</u> <u>NA</u> lbs/gal <u>NA</u> sg	H. Source description: Page 32 <u>Solvent Rinse Cleaning</u>	I. Source code Page 32 <u>110</u>

Sec. II	A. 1986 quantity generated Instruction Page 33 <u>16600</u>	B. 1987 quantity generated Page 33 <u>7040</u>	C. Production ratio Page 33 <u>1.36</u>	D. Toxicity change code Page 35 <u>6</u>
E. Waste minimization: recycling Page 35 Code 1. <u>0</u> 2. <u> </u> Quantity recycled <u>NA</u>	F. Waste minimization: source reduction Page 36 Code 1. <u>11</u> 2. <u>4</u> 3. <u>5</u> Quantity prevented <u>11936</u>			

Sec. III	A. Narrative description of waste minimization project or activity and results achieved Instruction Page 43 <u>In August 1987 all Mineral Spirits was removed from the plant + a non-hazardous product was purchased to replace it for cleaning gears.</u>
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Sec. IV. **Instructions:** Answer questions 1 through 4. Mark ☒ next to the effects produced by the source reduction and/or recycling activity reported on this form in Sections I through III.

1. What effect did this site's source reduction and/or recycling activity have on the **quantity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of water effluent
- ☐ b. Decrease in the quantity of water effluent
- ☐ c. No effect on the quantity of water effluent
- ☒ d. Don't know
2. What effect did this site's source reduction and/or recycling activity have on the **toxicity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☐ b. Decrease in the concentration of hazardous constituents
- ☐ c. No effect on the concentration of hazardous constituents
- ☒ d. Don't know
3. What effect did this site's source reduction and/or recycling activity have on the **quantity of air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of air emissions
- ☐ b. Decrease in the quantity of air emissions
- ☐ c. No effect on the quantity of air emissions
- ☒ d. Don't know
4. What effect did this site's source reduction and/or recycling activity have on the **toxicity of the air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☐ b. Decrease in the concentration of hazardous constituents
- ☐ c. No effect on the concentration of hazardous constituents
- ☒ d. Don't know

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME

WCI LAUNDRY DIV.

JEFFERSON, IOWA

EPA ID NO.

IA10470551140



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1987 Hazardous Waste Generation
and Management Report

FORM
PS

WASTE TREATMENT, STORAGE,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

WHO MUST COMPLETE THIS FORM?

X / NA

Form PS must be completed by every site that, during 1987, had one or more hazardous waste management systems, existing or under construction, composed of: (1) treatment, storage, disposal, or recycling processes subject to RCRA interim status or permit requirements; or (2) treatment, disposal, or recycling processes exempt from RCRA interim status or permit requirements.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 44 of the 1987 Hazardous Waste Generation and Management Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste treatment, storage, disposal or recycling system operated or under construction during 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste treatment, storage, disposal or recycling system description Instruction Page 57				B. System identification Page 57	
					Number	Letter
C. On-site T/S/D/R code(s) Page 58		D. Regulatory status code Page 58	E. Operational status Page 58	F. Number of months system was operational during 1987 Page 59	G. Type and number of units Page 59	
			Code Year		Type	Number
			1 9			
Sec. II	A. 1987 influent quantity Instruction Page 60		B. UOM Page 61	C. 1987 solid/sludge residual quantity Page 61		D. 1987 aqueous effluent quantity Page 62
	Total			Total		Total
RCRA			RCRA		RCRA	
Sec. III	A. Maximum capacity Instruction Page 63		B. Operational capacity Page 64		C. Limitations on capacity Page 65	D. Commercial availability code Page 65
					1. 2. 3.	E. Percent capacity commercially available Page 65
Sec. IV	A. Life expectancy Instruction Page 66		B. Expected change in maximum capacity during next 5 years (through 1992) Page 66		C. Increase or decrease in maximum capacity code Page 66	
	Years		<input type="checkbox"/> Yes (CONTINUE WITH BOX C) <input type="checkbox"/> No (SKIP REMAINING QUESTIONS)			
D. Amount of change Page 67		E. Expected year of change Page 67		F. Future commercial availability code Page 67		G. Percent future capacity commercially available Page 67
		1 9				

Comments: